

## **Application Data Sheet**

### **Application Information**

<b>Filing Date::</b>	03/01/2004
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested Group Art Unit::</b>	None
<b>CD-ROM or CD-R?::</b>	None
<b>Title::</b>	VASO-OCCLUSIVE COILS WITH NON-OVERLAPPING SECTIONS
<b>Attorney Docket Number::</b>	30-7034852001 (03-277)
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figures::</b>	9
<b>Total Drawing Sheets::</b>	5
<b>Small Entity::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Clifford

<b>Family Name::</b>	Teoh
<b>City of Residence::</b>	Los Altos
<b>State or Province of Residence::</b>	CA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	123 Juarez Avenue
<b>City of mailing address::</b>	Los Altos
<b>Country of mailing address::</b>	US
<b>State or Province of mailing address::</b>	CA
<b>Postal or Zip Code of mailing address::</b>	94538
<b>Applicant Authority type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Michael P.
<b>Family Name::</b>	Wallace
<b>City of Residence::</b>	Fremont
<b>State or Province of Residence::</b>	CA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	43389 Jerome Avenue
<b>City of mailing address::</b>	Fremont
<b>Country of mailing address::</b>	US
<b>State or Province of mailing address::</b>	CA
<b>Postal or Zip Code of mailing address::</b>	94539

## Correspondence Information

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## Representative Information

**Representative Customer Number::** 23639

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Name::</b>
Primary	37,104	David T. Burse

## Assignee Information

**Name::** Scimed Life Systems, Inc.  
**Mailing address::** One Scimed Place, Maple Grove, MN 55311